



Georgia Department of Banking and Finance

APPLICATION AND INSTRUCTIONS

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Georgia Check Cashing License

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL

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JUNE 2014

CHANGES AS OF JULY 1, 2014

- 1) THERE IS ONLY ONE TYPE OF CHECK CASHER**
- 2) THERE IS A FEE OF \$500 FOR ANY CHANGE IN CONTROL OR OFFICER**



NON-DEPOSITORY FINANCIAL INSTITUTIONS DIVISION DEPARTMENT OF BANKING AND FINANCE APPLICATION FOR PERMISSION TO ACQUIRE CONTROL OF A CHECK CASHING LICENSE

INFORMATION AND INSTRUCTIONS

A change in control is only applicable and/or allowed for licensees that are owned by a corporation. A sole proprietorship or partnership that is experiencing a change in control must apply for a new license.

The application and all supporting documents should be submitted and accompanied by the following on all new owners of **ten** (10) percent of the licensee:

1. **Form MSB-CC1 - Application For Permission to Acquire Control**
2. **Form MSB-CC2 - Control Persons List** – Is to be included if a corporation or partnership is acquiring a controlling interest in the licensee.
3. **Form MSB-CC3 – Biographical Statement & Consent Form** - A completed form for each new proposed ultimate equitable owner of 10% or more of the Check Cashing Licensee **to be acquired** is required. If the acquiring entity is a corporation or partnership, this form will be required of all individuals that are ultimate equitable owners of 10% or more, or are policy making individuals. Copy the form for each individual.
4. **Current Credit Report** - (within the last three months) - Submit a report on all natural persons, directors, officers, principals, owners, policymakers, compliance officer, and managers reported on MSB-CC2 showing a satisfactory credit history. **Any credit report filed with this Department containing tax liens, judgments, bankruptcies or charged off credit will likely cause the processing of the application to be delayed, or possibly cause the application to be denied. Charged-off accounts and collection items must be paid or under a documented work-out repayment agreement. Slow credit or bankruptcies, which have not been dismissed, will require satisfactory explanation. Tax liens and judgments must be paid before an application can receive favorable review. The authorization to review the credit and criminal history of an individual remains effective as long the individual is employed in the money service businesses industry.**

Personal financial statements, biographical information and credit reports are considered confidential by the Department.

NOTE: Fingerprint cards may be requested following review of the background check information. If requested, please follow the instructions published on the Department's website at <http://dbf.georgia.gov/documents/fingerprint-background-check-services-gaps>. **AFTER a background check has been performed, should the Department need further information or a fingerprint background check, you will be notified by the Department.**

5. **Signed** and **notarized** copy of this application by both the acquiring and selling parties to the transaction. **NOTE: This application MUST BE SIGNED by all authorized parties to the transaction noted herein. Signatures must be notarized.**
6. **Fees To Pay** Send in \$500 to process this application.

Once the application and supporting documents are received by the Department of Banking and Finance, they will be reviewed for completeness. When it is determined that a substantially complete application has been received, the Department will notify the applicant that the application is accepted, and the investigation period will commence.

Inquiries concerning the preparation and filing of this application should be directed to the following address:

**Georgia Department of Banking and Finance
Non Depository Financial Institutions Division
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-05565
770/986-1639**

APPLICATION FOR PERMISSION TO ACQUIRE CONTROL

MSB-CC1

Previous Ownership

Name	Ownership Percentage	Signature

Proposed Ownership

Name	Ownership Percentage	Signature

SIGNATURE AND OATH OF APPLICANTS

I hereby swear or affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Chapter 7-1, Article 4A and Regulation Chapter 80-3-1 promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a license to engage in the business of transmitting money or selling/issuing checks, drafts, money orders, and other payment instruments and any false statement omission of material information in connection with this application shall be punished as provided by law.

CORPORATE SEAL

Signature of applicant or Authorized Corporate Official

Title

Attest

Title

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All Individual and corporate signatures without the corporate seal require notarization:

State of _____

County of _____

On the _____ day of _____, 20____, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

Notary Public

County

My Commission Expires

NOTARY SEAL

Control Persons List MSB-CC2

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____

This Schedule is used to provide information on all acquiring control persons of the applicant or for new control persons of the Licensee. Complete each column. **Duplicate form as required.**

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any person that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (a natural person) as noted in the Instructions for the application that directly or indirectly exercises control over the applicant.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Control	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

List below all changes to Schedule B (INDIRECT OWNERS):

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Control	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

MSB3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK CASHER LICENSEE					Date of filing
Name of Applicant Company: _____						
1. Individual's identifying information: (A) Full last, first and middle names: <div style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name Full Middle Name Suffix (if any) </div>						
(B) Social Security Number: _____						
(C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country of Birth: _____						
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary). <div style="display: flex; justify-content: space-between; width: 100%;"> Name Name Name </div>						
(H) Employer Name (Check Casher Licensee):						
(I) Office of Employment address: (do not use a P.O. Box) <input type="checkbox"/> If this address is your private residence, check this box. <div style="display: flex; justify-content: space-between; width: 100%;"> Number & Street City State / Province & Country Zip+4 / Postal Code </div>						
(J) Current Residence address (if different from employment address): <div style="display: flex; justify-content: space-between; width: 100%;"> Number & Street City State / Province & Country Zip+4 / Postal Code </div>						
(K) Telephone Numbers and e-mail address: <div style="display: flex; justify-content: space-between; width: 100%;"> () - ext Business Phone () - Cell Phone (optional) () - Fax Line (optional) e-mail address </div>						
2. Check Casher Licensee Employment Representation: <i>To the best of my knowledge and belief, the control person is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the State of Georgia with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.</i> <div style="display: flex; justify-content: space-between; width: 100%;"> by </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> Company Name Signature of authorized party Print Name and Title of authorized party </div>						
Employment Representation must always be completed in full with original, manual signature. Affix notary stamp or seal where applicable.						
3. Check Cashing Business History: Starting with most current, provide information on each check cashing business owned. (Attach additional sheets as necessary.)						
From (MM/YYYY Y)	To (MM/YYYY)	Business Name	City	State or Province	Zip or Postal Code	Georgia License Number

4. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director,	YES	NO
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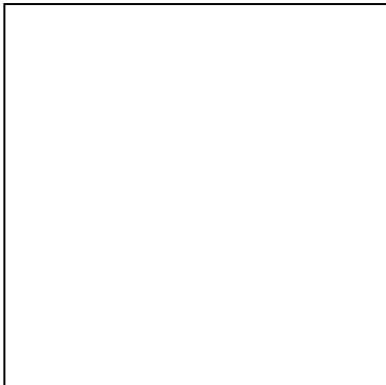
MSB3-CC BIOGRAPHICAL STATEMENT & CONSENT FORM – CONTINUED

Applicant Full Legal Name: _____

Individual's Full Legal Name: _____

Date of Application: _____

E-mail Address: _____



Attach Passport Photo of Individual submitting MSB3.

Those photographs must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.

Individual's Acknowledgment & Consent:

TO WHOM IT MAY CONCERN:

*I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. I understand this will be a FBI criminal background check. Also, pursuant to the provisions of Section 7-1-703 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-703 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. The procedures for changing, correcting, or updating a criminal history is set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. **This authorization remains effective as long as I am employed in the check cashing industry.** A copy of this authorization shall be accepted with the same force and validity as the original.*

Notary Seal Here

Date (MM/DD/YYYY)

Signed or attested before me: _____

Print Notary Public Name

on this _____ day of _____,
(Date) (Month)

Notary Public signature

Signature of Individual

by _____

Print Individual's Name

_____ at _____
(Year) (State) (County)

Notary Appointment Expires (MM/DD/YYYY)

Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.